01A
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Fatal Unintentional Injuries

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

GOAL

To reduce the number of deaths among children aged 14 years and younger due to unintentional injuries.

MEASURE

The death rate per 100,000 of all unintentional injuries for children aged 14 years and younger.

DEFINITION

Numerator:
Number of deaths from all unintentional injuries for children aged 14 years and younger.

Denominator:
Number of children aged 14 years and younger in the State for the reporting period.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective

Related Objective 15-13

Reduce deaths caused by unintentional injuries to no more than 20.8 per 100,000 population. (Baseline: 33.3 deaths per 100,000 in 1998)

DATA SOURCE and DATA ISSUES

Child death certificates are collected in State vital records. Data on total number of children comes from the Fatality Analysis Reporting Systems (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the nation's children. About 50 percent of all deaths of children aged 1-14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

01B
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Fatal Unintentional Injuries

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among children aged 14 years and younger.

GOAL

To reduce the number of deaths to children aged 14 years and younger due to motor vehicle crashes.

MEASURE

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

DEFINITION

Numerator:
Number of unintentional fatalities to children aged 14 years and younger from motor vehicle crashes in the reporting year.

Denominator:
Number of children aged 14 years and younger in the State in the reporting year.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 15-15a

Reduce deaths caused by motor vehicle crashes. (Target 9.0 deaths per 100,000 population). (Baseline for children aged 14 years and younger, 4.2 in 1998)

DATA SOURCE and DATA ISSUES

Child death certificates are collected in State vital records. Data on total number of children comes from the Bureau of the Census. The Fatality Analysis Reporting Systems (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the Nation's children. About 50 percent of all deaths of children aged 1 through 14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

01C
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Fatal Unintentional Injuries

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

GOAL

To reduce the number of deaths to youth aged 15 through 24 years due to motor vehicle crashes.

MEASURE

The death rate per 100,000 for unintentional injuries for youth aged 15 through 24 years old due to motor vehicle crashes.

DEFINITION

Numerator:
Number of unintentional fatalities to youth aged 15 through 24 years due to motor vehicle crashes in the reporting year.

Denominator:
Number of youth aged 15 through 24 years in the State in the reporting year.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 15-15a

Reduce deaths caused by motor vehicle crashes. (Target 9.0 deaths per 100,000 population). (Baseline for persons aged 15 to 24 years, 25.4 deaths per 100,000 in 1998)

DATA SOURCE and DATA ISSUES

Child death certificates are collected in State vital records. Data on total number of children comes from the Bureau of the Census. The Fatality Analysis Reporting Systems (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the Nation's children. About 50 percent of all deaths of children aged 1 through 14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

02A
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Non-fatal Unintentional Injuries

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

GOAL

To reduce the number of hospitalizations of children aged 14 years and younger due to nonfatal injuries.

MEASURE

The rate per 100,000 of nonfatal injuries of children 14 years and

DEFINITION

Numerator:
Number of children aged 14 years and younger who have a hospital discharge for nonfatal injuries.

Denominator:
Number of children aged 14 years and younger in the State for the reporting period.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective

Related Objective 15-14 (Developmental)

Reduce non-fatal unintentional injuries.

DATA SOURCE and DATA ISSUES

Numerator: State E-coded hospital discharge data; Denominator: Census data, State population estimates. Potential Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

SIGNIFICANCE

Serious nonfatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.)[1]

[1]Rice DP, MacKenzie EJ, et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institute for Health and Aging of the University of California-San Francisco and Injury Prevention Center, The Johns Hopkins University 1989.

02B
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Non-fatal Unintentional Injuries

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

GOAL

To reduce the number of hospitalizations among children aged 14 years and younger due to motor vehicle crashes.

MEASURE

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes for children aged 14 years and younger.

DEFINITION

Numerator:
Number of children aged 14 years and younger with a hospital discharge for nonfatal injuries due to motor vehicle crashes in the reporting year.

Denominator:
Number of children aged 14 years and younger in the State for the reporting year.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective by age group.

Related Objective 15-17

Reduce nonfatal injuries caused by motor vehicle crashes to 1,000 nonfatal injuries per 100,000 population. (Baseline: 1,270 non fatal injuries per 100,000 in 1997).

DATA SOURCE and DATA ISSUES

Numerator: State E-coded hospital discharge data; Denominator: Census data, State population estimates.

SIGNIFICANCE

Serious nonfatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.)[1]

[1]Rice DP, MacKenzie EJ, et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institute for Health and Aging of the University of California-San Francisco and Injury Prevention Center, The Johns Hopkins University, 1989.

02C
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Injuries

Non-fatal Unintentional Injuries

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

GOAL

To reduce the number of hospitalizations of children aged 15 through 24 years due to motor vehicle crashes.

MEASURE

The rate per 100,000 of nonfatal injuries for youth aged 15 through 24 years old due to motor vehicle crashes.

DEFINITION

Numerator:
Number of children aged 15 through 24 years and younger with a hospital discharge for nonfatal injuries due to motor vehicle crashes in the reporting year.

Denominator:
Number of children aged 15 through 24 years in the State for the reporting year.

Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective by age group

Related Objective 15-17

Reduce nonfatal injuries caused by motor vehicle crashes to 1,000 nonfatal injuries per 100,000 population. (Baseline: 3,116 non fatal injuries per 100,000 persons aged 16 to 20 and 2,496 nonfatal injuries per 100,000 persons aged 21 to 24 years in 1997).

DATA SOURCE and DATA ISSUES

Numerator: State E-coded hospital discharge data; Denominator: Census data, State population estimates.

SIGNIFICANCE

Serious nonfatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.)[1]

[1]Rice DP, MacKenzie EJ, et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institute for Health and Aging of the University of California-San Francisco and Injury Prevention Center, The Johns Hopkins University, 1989.

03A
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Prevention

Sexually Transmitted Disease (Chlamydia)	**The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.**

GOAL

To decrease the sexually transmitted disease (chlamydia) rates among women aged 15 through 19 years.

MEASURE

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

DEFINITION

Numerator:
Number of women aged 15 through 19 years with a reported case of chlamydia.

Denominator:
Number of women aged 15 through 19 years in the State in the reporting year.

Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 25-1

Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.

Objective 25-1a

Reduce the proportion of females aged 15 to 24 years attending family planning clinics to 3.0 percent. (Baseline: 5.0 percent in 1997)

Objective 25-1b

Reduce the proportion of females aged 15 to 24 years attending STD clinics to 3.0 percent. (Baseline: 12.0 percent in 1997).

DATA SOURCE and DATA ISSUES

State STD Program Surveillance, State Communicable Disease Registry.

SIGNIFICANCE

In 1997, chlamydia was the most frequently reported communicable disease in the United States. Chlamydia is common in sexually active adolescents and young adults. The highest annual rates are reported in females aged 15 through 19 year.

03B
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Prevention

Sexually Transmitted Disease (Chlamydia)	**The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.**

GOAL

To decrease the sexually transmitted disease (chlamydia) rates among women aged 20 through 44 years.

MEASURE

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

DEFINITION

Numerator:
Number of women aged 20 through 44 years with a reported case of chlamydia.

Denominator:
Number of women aged 20 through 44 years in the State in the reporting year.

Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective for this age group or gender. Related Objective 25-18

Increase the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards.

Objective 25-1a

Reduce the proportion of females aged 15 to 24 years attending family planning clinics to 3.0 percent. (Baseline: 5.0 percent in 1997)
Objective 25-1b
Reduce the proportion of females aged 15 to 24 years attending STD clinics to 3.0 percent. (Baseline: 12.0 percent in 1997).

DATA SOURCE and DATA ISSUES

State STD Program Surveillance, State Communicable Disease Registry.

SIGNIFICANCE

In 1997, chlamydia was the most frequently reported communicable disease in the United States. Chlamydia is common in sexually active adolescents and young adults. The highest annual rates are reported in females aged 15 through 19 years.

04

DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Prevention

Medicaid (EPSDT) Dental Health Services

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

GOAL

To increase dental health services to EPSDT eligible children aged 6 through 9 years.

MEASURE

The percent of EPSDT eligible children aged 6 through 9 receiving any dental health service during the year.

DEFINITION

Numerator:
Total EPSDT eligible children aged 6 through 9 receiving any dental services in the reporting period.

Denominator:
Total children aged 6 through 9 eligible for EPSDT in the State in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective.
Related objective 21-1b

Reduce the proportion of children with dental caries experience either in their primary or permanent teeth to 42 percent. (Baseline: 52 percent of children aged 6 to 8 years had dental caries experience in 1988-94).

Related Objective 21-2b

Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21 percent. (Baseline: 29 percent of children aged 6 to 8 years hand untreated dental decay in 1988-94).

DATA SOURCE and DATA ISSUES

Revised HCFA-416. Form element numbers 1 and 12a.

SIGNIFICANCE

Dental caries is perhaps the most prevalent disease known. Except in its early stages, it is irreversible and cumulative. Children aged 6 through 8 are at an important stage of dental development. The importance of optimal oral health for these children is not only to their current oral functioning, but also for long-term health. Community water fluoridation, use of preventive services (sealants and topical fluoride treatments) and appropriate oral health behaviors decrease the chance that children will develop caries. Many children, particularly those in high risk groups, do not receive adequate fluoride exposure or adhesive sealants, regular professional care, or oral hygiene instruction. For children from low-income families, a significant hurdle is paying for services.

05
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Risk Factors

Adolescent Tobacco Use

The percent of adolescents in grades 9 through 12 who reported using tobacco products in the past month.

GOAL

To decrease tobacco use among 9th through 12th grade students.

MEASURE

The percent of adolescents in grades 9 through 12 who reported using tobacco products in the past month.

DEFINITION

Numerator:
Number of adolescents in grades 9 through 12 who reported using tobacco products in the past month.

Denominator:
Number of adolescents in grades 9 through 12 in the State in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 27-2

Reduce tobacco use by adolescents.

Objective 27-2a

Reduction in tobacco use by students in grades 9 through 12 to 21 percent. (Baseline: 43 Percent of students in grades 9 through 12 had used tobacco products in the last month. 1997).

DATA SOURCE and DATA ISSUES

Youth Risk Behavior Survey or State survey data.

SIGNIFICANCE

Studies have shown the vast majority of smokers start before 18 years of age. Cigarette smoking is the single most preventable cause of death in the United States. It has been estimated that one in five deaths is caused by tobacco use.

06

DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Total Population	**Infants and children aged 0 through 24 years enumerated by sub-populations of age group, race, and ethnicity.**
GOAL	To enumerate the total population of children aged 0 through 24 years by age subgroup, race, and ethnicity.
MEASURE	Infants and children aged 0 through 24 years enumerated by age subgroup, race, and ethnicity.
DEFINITION	Tables Dev. HSI 6A and 6B on Developmental Health Status Indicator Form 2 have cells for populations of subgroups of children aged 0 through 24 years aggregated by race and ethnicity. In each cell of the two tables enumerate the population figures requested. **Numerator:** **Denominator:** **Units:** Counts of State residents aged 0 through 24 years old **Text:** Number
HEALTHY PEOPLE 2010 OBJECTIVE	No specific Healthy People 2010 Objective.
DATA SOURCE and DATA ISSUES	Census data, State projections, Vital Records and Health Statistics
SIGNIFICANCE	Demographers predict that, by the end of the year 2000, one of every three Americans will be African American, Asian/Pacific Islander, Middle Eastern, or Hispanic. Maternal and Child Health (MCH) professionals and policy makers must develop strategies and programs to address the needs of this growing segment of the population. Data reveals marked variations in morbidity and mortality by race and/or ethnicity. Reaching the goal of eliminating racial and ethnic disparities in health outcomes will necessitate identifying barriers to accessing family-centered, community-oriented, culturally-competent, and comprehensive care for all Americans. Improved collection and use of standardized demographic data will identify high-risk populations and monitor the effectiveness of health promotion and disease prevention interventions targeting these groups.

07

DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Total Live Births	**Live births to women (of all ages) enumerated by maternal age, race, and ethnicity.**
GOAL	To enumerate total live births by maternal age, race, and ethnicity.
MEASURE	Live births to women (of all ages) enumerated by maternal age, race, and/or ethnicity.
DEFINITION	Tables Dev. HSI 7A and 7B on Developmental Health Status Indicator Form 2 have cells for population subgroups of women aggregated by race and ethnicity. In each cell on the two tables enumerate the live births to the groups of women indicated. **Numerator:** **Denominator:** **Units:** Count of State live births. **Text:** Number
HEALTHY PEOPLE 2010 OBJECTIVE	No specific Healthy People 2010 Objective
DATA SOURCE and DATA ISSUES	Vital Records
SIGNIFICANCE	Younger or older mothers, and mothers belonging to racial and/or ethnicity minority groups may be at increased risk of adverse maternal outcomes. Identifying populations of women and their infants at risk, and implementing coordinated systems of pre-conceptual/perinatal services that assures receipt of risk-appropriate health care delivery is essential for healthy mothers and babies.

08

DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Deaths

Deaths of infants and children aged 0 through 24 years enumerated by age subgroup, race, and ethnicity.

GOAL

To enumerate deaths of infants and children aged 0 through 24 years by age subgroup, race, and ethnicity.

MEASURE

Deaths of infants and children aged 0 through 24 years enumerated by age subgroup, race, and ethnicity.

DEFINITION

Tables Dev. HSI 8A and 8B on Developmental Health Status Indicator Form 2 have cells for population subgroups of children aged birth through 24 years aggregated by race and ethnicity. In each cell on the two tables enumerate the deaths in each sub-population.

Numerator:

Denominator:

Units: Count of State residents aged 0 through 24 years. **Text:** Number

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective

DATA SOURCE and DATA ISSUES

Vital Records

SIGNIFICANCE

The greatest racial and ethnic disparities are seen in the following causes of death in infants: disorders relating to pre-term birth and unspecified low birth weight; respiratory distress syndrome; infections specific to the perinatal period; complications of pregnancy; and sudden infant death syndrome (SIDS). In some American Indian/Alaskan Native populations, the incidence of SIDS is three times that of white populations. African American adolescent males have the highest homicide rates in the country.

Suicide among adolescent males in certain American Indian/Alaskan Native tribes has reached epidemic proportions. Identifying at-risk populations and implementing and monitoring prevention/intervention programs will play an integral role in eliminating disparities in mortality.

09

DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Miscellaneous Data

Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race and ethnicity.

GOAL

To determine number/percentage of infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs.

MEASURE

Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs.

DEFINITION

Tables Dev. HSI 9A and 9B on Developmental Health Status Indicator Form 2 have cells for populations of subgroups of infants and children aged 0 through 19 years in miscellaneous situations and/or State programs by race and ethnicity. Complete each of the cells in the tables with a percentage or count as appropriate.

Numerator:

Denominator:

Units: 100 or count **Text:** percent, number, or rate

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective

DATA SOURCE and DATA ISSUES

AFDC/TANF, Medicaid, SCHIP, food stamp, and WIC files; State juvenile criminal justice and Board of Education files, Linked child health data files, Census data

SIGNIFICANCE

Adverse health outcomes disproportionately affect infants and children in foster care or in single parent homes. In 1995, 14 million infants and children aged 0 through18 years lived below the Federal poverty level; 59 percent of these families were single parent families. Leaving high school before graduation can lead to continued poverty and a higher incidence of juvenile arrests. Many infants and children eligible for Medicaid and other State programs are not enrolled. Data linkage of State program files with Medicaid may identify factors associated with State program eligibility without full participation.

10
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Geographic Living Area	**Geographic living area for all children aged 0 through 19 years.**
GOAL	To determine the number of children in the State aged 0 through 19 years by geographic living area.
MEASURE	Geographic living area for all resident children aged 0 through 19 years.
DEFINITION	Table Dev. HSI 10 on Developmental Health Status Indicator Form 2 includes cells for children in sub-population groups ranging from birth through 19 years of age. Complete the cells with the number of children in those age ranges living in metropolitan, urban, rural, or frontier geographic areas. **Numerator:** **Denominator:** **Units:** Count **Text:** Number
HEALTHY PEOPLE 2010 OBJECTIVE	No specific Healthy People 2010 objective
DATA SOURCE and DATA ISSUES	Census data or State population projections
SIGNIFICANCE	Child health outcomes and the patterns of utilization of health care services can differ greatly by geographic area of living. Poor families living in metropolitan and urban areas without a regular source of coordinated health services may over utilize emergency services or present as frequent walk-ins to community or public health clinics. Access to care for the poor and under-served in rural and frontier areas is largely dependent on the number of providers available and willing to see the uninsured or accept Medicaid or CHIP. Barriers to quality health care may also include inadequate transport to care and ill-equipped health care facilities.

11
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Poverty Levels -Total Population	**Percent of the State population at various levels of the federal poverty level.**
GOAL	To determine the percentage of the State population at 50 percent, 100 percent, and 200 percent of the federal poverty level.
MEASURE	Poverty levels for the total State population
DEFINITION	Table Dev. HSI 11 on Developmental Health Status Indicator Form 2 has cells for the population at various poverty levels. Please complete the cells with the count of the total population and the percentages of the population living at the 50 percent, 100 percent or 200 percent poverty level. **Numerator:** **Denominator:** **Units:** Count for population and 100 **Text:** Number for population and percent
HEALTHY PEOPLE 2010 OBJECTIVE	No specific Healthy People 2010 objective
DATA SOURCE and DATA ISSUES	Census data or State population projections
SIGNIFICANCE	Eligibility for Medicaid, SCHIP and other State programs is in part determined by family income as a percentage of federally defined poverty levels. States have some discretion in determining which groups their Medicaid and SCHIP programs will cover and the financial criteria for Medicaid and SCHIP eligibility.

12
DEVELOPMENTAL HEALTH STATUS INDICATOR

Type: Demographics

Poverty Levels - Ages 0- 19 years

Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.

GOAL

To determine the percentage of all children aged 0 through19 years at 50 percent, 100 percent, and 200 percent of the federal poverty level.

MEASURE

Poverty levels for all children aged 0 through 19 years.

DEFINITION

Table Dev. HSI 12 on Developmental Health Status Indicator Form 2 has cells for the State population aged 0 through19 years and percentages of that population at various poverty levels. Please complete the cells with the count of the population in that age range and the percentages of that population living at the 50 percent, 100 percent or 200 percent poverty level.

Numerator:

Denominator:

Units: Count for population and 100 **Text:** Number for population and percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective

DATA SOURCE and DATA ISSUES

Census data or State population projections

SIGNIFICANCE

Eligibility for Medicaid, SCHIP and other State programs is in part determined by family income as a percentage of federally defined poverty levels. States have some discretion in determining which groups their Medicaid and SCHIP programs will cover and the financial criteria for Medicaid and SCHIP eligibility.